



HEALTH SERVICES  
1200 Park Road Harrisonburg VA 22802  
Phone: 540-432-4317 Fax: 540-432-4099

### **NOTICE OF PRIVACY PRACTICES**

Eastern Mennonite University Health Services is required by law to maintain the privacy of your protected health information, to provide a notice of our legal duties and privacy practices, and to abide by the terms of the Notice of Privacy Practices which is currently in effect.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **USES AND DISCLOSURE**

The following categories describe ways that we use and share your information. Not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose information will fall within one of these categories.

#### **ROUTINE USES**

- **Treatment.** We may disclose information about you to doctors, nurses, technicians, residents, students, medical assistants, or other staff who take care of you. For example, referrals to outside medical professionals and staff when treatment outside our facility is deemed necessary for treatment.
- **Payment.** We may use and disclose information about you so that the treatment and services you receive at EMU Health Services may be billed and payment may be collected from you, an insurance company or a third party—including a collection agency if necessary. For example, EMU Business Office to bill an EMU account, pharmaceutical patient assistant programs, etc.

**Health Care Operations.** We may use and share information about you for administrative functions necessary to run EMU Health Services and promote quality care. For example, we may use your information or combine it with other EMU Health Services patient information to review the effectiveness of our treatment and services, to evaluate the performance of our staff in caring for you, or to make decisions about additional services EMU Health Services should offer. We may also combine the information we have about you with information from other hospitals to compare how we are doing and see where we can make improvements in the care and services that we offer. Wherever it is practical, we may remove information that identifies you. We may share information with business associates who provide services necessary to run EMU Health Services, such as contracted laboratories. We will contractually bind these third parties to protect your information as we would. Also, we may permit your health plan or other providers to review records that contain information about you to assist them in improving the quality of service provided to you.

- **Appointment Reminders.** We may use and disclose medical information to reschedule or remind you of appointments for treatment or other care.
- **Treatment Alternatives.** We may use and disclose your health information to tell you about or recommend possible treatments or alternatives that may be of interest to you.
- **Research.** Under certain circumstances, we may use and disclose information about you for research purposes. For example, a research project may compare the health and recovery of patients who received one medication for a particular condition to those who received another medication for the same condition. In most cases, if the research involves your care or the use and/or disclosure of your identifiable health information, we will gain your permission and fully explain how your information will be used.

#### **SPECIAL SITUATIONS**

- **When Required by Law.** We will disclose information about you when required to do so by federal, state or local law. For example, we may release information about you if asked to do so by a law enforcement official to investigate a crime or criminal.
- **Public Health Risks.** We may disclose information about you for public health activities. These activities generally include, but are not limited to, the following:
  - to prevent or control disease, injury or disability
  - to report births and deaths
  - to report child abuse or neglect
  - to report reactions to medications or problems with products
  - to notify people of recalls of products they may be using
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would share this information only with someone able to help prevent the threat and/or action. These disclosures may be to law enforcement officials to respond to a violent crime, or to protect the target of a violent crime. For example, threat of harming another individual may be reported to appropriate authorities.

**ALL OTHER USES AND DISCLOSURES OF YOUR HEALTH INFORMATION WILL BE MADE ONLY WITH YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVOKE SUCH AUTHORIZATION. An exception to this is from the Family Educational Rights and Privacy Act(FERPA), in that parents with documentation of a student claimed as a dependent on their income taxes, the University *may* release information to parents if deemed necessary for health and safety.**

## **YOUR RIGHTS**

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or sharing of information about you for treatment, payment, administrative functions, or with individuals involved in your care. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to EMU Health Services. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you in a certain way or at a certain location. For example, you can ask that we only contact you at work or at a post office box. To request confidential communications, you must make your request in writing to EMU Health Services. We will not ask you the reason for your request. We will seek to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Inspect and Obtain Copies.** You have the right to review and obtain copies of information that may be used to make decisions about your care. Usually, this includes medical and billing records. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to information, you may request that the denial be reviewed. Another licensed health care professional chosen by EMU Health Services will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review. To inspect and copy information that may be used to make decisions about you, you must submit your request in writing to EMU Health Services. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

**Right to Request Amendments.** If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for EMU Health Services. To request an amendment, your request and a reason that supports your request must be made in writing and submitted to EMU Health Services. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment whereby we would consider the request;
- Is not part of the information kept by or for EMU Health Services
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of certain disclosures made about you that were not related to the routine uses listed above. This list will not include disclosures prior to April 14, 2003, or those that you have specifically authorized. To request this list or accounting of disclosures, you must submit your request in writing to EMU Health Services. Your request must state a time period that may not be longer than six years and should indicate in what form you want the list (for example, on paper versus in an electronic file). We will notify you of the estimated cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, [www.emu.edu/studentlife/health/](http://www.emu.edu/studentlife/health/)

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for information we already have about you as well as any information we receive in the future. We will post a copy of the current notice throughout EMU Health Services. The notice will contain the effective date on the first page, in the top right-hand corner. If our privacy practices change significantly before your next encounter with EMU Health Services, we will notify you at time of registration or admission.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with EMU Health Services or with the Secretary of the Department of Health and Human Services. All complaints must be submitted or verified in writing. You will not be penalized for filing a complaint.

## **OTHER USES OF INFORMATION**

Other uses and disclosures of information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us specific permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

**For questions or additional information about any of the matters identified in this notice, contact EMU Health Services at (540) 432-4317.**

*Effective Date: January 1, 2009*